

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(For use with Form PTO/SB/06)

PTO/SB/07 (11-90)

Applicant

Filing Date

4/9/98

Applicant(s)

FREDERIC M. NEWMAN

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | IND | | | | | |
| 2 | | 1 | | | | |
| 3 | | 1 | | | | |
| 4 | | 1 | | | | |
| 5 | | 1 | | | | |
| 6 | | 1 | | | | |
| 7 | IND | | | | | |
| 8 | | 7 | | | | |
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| Total Indep | 5 | | | | | |
| Total Depend | 7 | | | | | |
| Total Claims | 12 | | | | | |
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| Total Indep | | | | | | |
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| Total Claims | | | | | | |

PTO/SB/07 (11-90)

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